



Do Not Write Here

South Carolina State Library
Attn: CE Coordinator
PO Box 11469
Columbia, South Carolina 29211

Application received: _____

Experience checked: _____

Certificate sent: _____

**APPLICATION FOR EXCHANGE OF PROVISIONAL PRE-PROFESSIONAL
LIBRARIAN'S CERTIFICATE FOR PRE-PROFESSIONAL CERTIFICATE***

Mr.
Name (print): Mrs.

Ms.

last

first

middle

Mailing address:

street

city

state/zip

Library name:

Library address:

street

city

state/zip

Date: _____

Having met all the requirements, I hereby make application for a professional certificate. The transcripts are enclosed to show completion of 18 semester hours in library science.

applicant's signature



*please send current certificate with this application.

RECORD OF EDUCATION

Institution	Name	Address	Dates attended FROM:	Dates attended TO:	Credential or Degree
High School or Preparatory School					
College or University*					
Library School*					
Other					

***COPY OF MLS OR MLIS TRANSCRIPTS MUST BE SUBMITTED: CHECK ONE** ___ Transcripts Enclosed
(Proof of 18 library science hrs) ___ Transcripts to be forwarded by school

RECORD OF LIBRARY EXPERIENCE (List current position first)

Name of Library	Title of Position	Name of Supervisor	Date of employment FROM:	Date of employment TO:	Hours worked per week	Total #Years/ Months

(additional sheets may be attached if necessary)

Please attach a BRIEF ANALYSIS OF YOUR PRESENT POSITION DUTIES AND RESPONSIBILITIES on a separate sheet.

I certify the above information is correct _____
Signature of Applicant

I have reviewed this application and certify the information is correct so far as it pertains to this library. The position held is classified as _____ Professional or _____ Pre-professional

Revised 10/07



Signature of Immediate Supervisor _____